

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 312709

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Obama for America**

**A. Full Name (Last, First, Middle Initial)**

**Lisa Aaron**

Mailing Address 23 Oxford Rd

City	State	Zip Code
Hastings On Hudson	NY	10706-4021

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WJCS

Occupation  
Physician

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

**Transaction ID : C26721619**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2012

Amount of Each Receipt this Period

25.00

**B. Full Name (Last, First, Middle Initial)**

**Lisa Aaron**

Mailing Address 23 Oxford Rd

City	State	Zip Code
Hastings On Hudson	NY	10706-4021

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
WJCS

Occupation  
Physician

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

**Transaction ID : C29489530**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2012

Amount of Each Receipt this Period

25.00

**C. Full Name (Last, First, Middle Initial)**

**Marjorie C. Aaron**

Mailing Address 7505 Fair Oaks Dr

City	State	Zip Code
Cincinnati	OH	45237-2927

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
University of Cincinnati

Occupation  
Professor of Clinical Law

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : C28549173**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		28		2012

Amount of Each Receipt this Period

250.00

**Subtotal Of Receipts This Page (optional)**.....

300.00

**Total This Period (last page this line number only)**.....